

Instructions for Completing Capitol Event/Exhibit Scheduling Form

1. The form may be completed by being printed and completed by hand, or it can be filled out on the computer.
2. To complete this form on your computer, click on the line to be filled out and type your response.
3. The form fields are of finite size. If you need more room, please print the form and complete by hand.
4. “Yes” and “No” fields and “Area(s) Requested” are checkboxes. Just click on the line to “check.” (A second click will remove.)
5. If you have questions or comments on how to complete this form, please call 517-373-9617.
6. An authorizing signature is required on Page 4. Electronic signatures will NOT be accepted.
7. **Procedures for the Michigan State Capitol** are following this schedule form.

FORM MUST BE RETURNED VIA FAX OR MAIL.

Do **NOT** return electronically.

PLEASE NOTE:

DURING THE SPRING MUSIC PROGRAM, THE PUBLIC ADDRESS SYSTEM MAY NOT BE USED BETWEEN 12:00 PM – 1:00 PM ON THE GLASS FLOOR AND/OR THE EAST STEPS.

YOUR EVENT IS NOT CONFIRMED UNTIL YOUR CONFIRMATION LETTER HAS BEEN RECEIVED FROM THIS OFFICE.

Please return to:

**Legislative Council Facilities Agency
Capitol Facility Operations
P.O. Box 30014
Lansing, MI 48909-7514
ATTN: Trena Trowhill**

PH: 517-373-9617 FAX: 517-373-8040

CAPITOL PUBLIC EVENT/EXHIBIT SCHEDULING FORM
PLEASE PROVIDE THE FOLLOWING INFORMATION

Name of Event: _____ Expected Number in Attendance: _____

Brief Description of Event and/or Exhibit: _____

Name of Sponsoring Organization: _____

Contact Person: _____

Street Address: _____

City, State and Zip: _____

Telephone Number: _____ Fax Number: _____

Name of Back-Up Person: _____

Street Address: _____

City, State and Zip: _____

Telephone Number: _____ Fax Number: _____

Event Date:	_____ Month	_____ Day	_____ Year	_____ Start Time	_____ End Time
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Exhibit: (Beginning Date)	_____ Month	_____ Day	_____ Year	_____ Start Time	
Exhibit: (Ending Date)	_____ Month	_____ Day	_____ Year	_____ End Time	

AREA(S) REQUESTED

What area(s) are you requesting for your **Event**?

_____ Front East Steps and East Lawn
_____ Ground Floor Rotunda
_____ First Floor Rotunda
_____ First Floor Rotunda and West Wing
_____ First Floor Corridors
_____ Other _____

What area(s) are you requesting for your **Exhibit**?

_____ East Lawn
_____ Room 53
_____ Room 55

AUDIO

Are you planning to use the Public Address System? _____ Yes _____ No

If **yes**, what time will you be using the Public Address System? From _____ to _____

EXHIBITS

Is a clear layout scale drawing or sketch of the proposed exhibit attached? ____Yes ____No

Are the dimensions of the space required indicated on the drawing or sketch, as well as the manner in which the exhibit will be mounted or displayed? ____Yes ____No

FOOD AND BEVERAGES

Will food or beverages be served?

(See page 8, Section G I-4.)

If **yes**, please give details on what will be served _____

Is the food being provided by a licensed caterer? ____Yes ____No Setup time? _____ (a.m. or p.m.)

If **yes**, please list name and phone number of caterer.

Caterer Name _____ Telephone Number: _____

Is a copy of the food license enclosed? ____Yes ____No

If **no**, when do you plan to submit a copy of the license to the Facility Director? _____

CANDLES

Are you planning on using candles during your event? ____Yes ____No (See page 32.)

If **yes**, please be aware that if wax is dropped on sidewalks and steps, you will be charged for the removal.

CANCELLATION

If your event is outside, will you cancel in case of rain or inclement weather? ____Yes ____No

TENTS AND EQUIPMENT

Do you desire to erect any tents, canopies, or shelters? ____Yes ____No

Tent piers have been embedded in the lawn to accommodate the following tent sizes:

South side of lawn: 40 x 40 foot tent and 40 x 60 foot tent

North side of lawn: 30 x 30 foot tent and 30 x 60 foot tent

Remember: All canopies and shelters must be **freestanding**.

If **yes**, please list number, type, size, and description. _____

Please list name and telephone number of the company supplying the tent.

Company Name _____ Telephone Number _____

Do you desire to erect any equipment or props? ____Yes ____No

If **yes**, please list and give description. _____

BANNER

Are you planning to display a banner across the front steps? ____Yes ____No

(See page 31 for dimensions.)

VEHICLE PARKING

Are you planning on parking a large vehicle in front of the chains at Michigan and Capitol Avenues?

____Yes ____No

If **yes**, what time will the vehicle be arriving? _____

RATE SHEET

Will equipment or services be needed from Capitol Facilities? ____ Yes ____ No

If yes, which of the following equipment is needed:

EQUIPMENT	NO. AVAILABLE	CHARGE PER ITEM	NO. NEEDED	FOR OFFICE USE ONLY
Banner Poles	3	15.00 per set		
Chair (<i>folding</i>)	150	1.00		
Chain dropped for vehicle parking		25.00		
Coat Rack (<i>includes hangers</i>)	5	15.00		
Easel	15	<i>max. \$20 a wk.</i> 4.00		
Electricity (<i>120 volt plugs</i>)		5.00		
Flag	1 National 1 State	2.50 per flag	____ National ____ State	
Podium	1	30.00		
Public Address System (<i>electric included</i>)	1	40.00		
Table (<i>folding</i>)	6 - 6' x 18" 15 - 6' x 30" 7 - 60" round	<i>max. \$30 a wk.</i> 7.00	____ - 6' x 18" ____ - 6' x 30" ____ - 60" round	
Tablecloth (<i>Royal Blue</i>) 54"x 96" *	10	3.25		
Table Skirt (<i>Royal Blue</i>)*	10	12.00		
Fitted Tablecloth w/skirt (<i>use on 30" x 72" table</i>)*	12	12.00		
Tabletop Lectern	1	12.00		
Tent Setup Charge (<i>Inserting and removing eyelets in tent piers</i>)	(<i>See Page 28</i>)	25.00		
Trash Can	4	2.00		
*(<i>Indoor use only</i>)				EQUIPMENT TOTAL
WEEKDAY RATE (Unless Specified by the Executive Director of the Capitol Committee)				\$25.00 Per Hour - LABOR
WEEKEND RATE (Calculated by Number of People Attending Your Event)				\$30.00 Per Hour - LABOR
HOLIDAY RATE (Rate Determined by Executive Director of the Michigan Capitol Committee, Calculated by Number of People Attending Your Event)				
If you are a State agency, will you be inter-accounting your bill? ____ Yes ____ No				
<u>Payment in Full Must Be Received Before the Date of Your Rally or Event.</u>				TOTAL

The above rate will be charged per person for labor to erect, operate, and remove the public address system provided by the State. **In addition**, there will be a one-half hour labor charge prior to the event and a one-half hour labor charge after the event for setting up and taking down the public address system equipment.

Notes on the Public Address System

In the event of inclement weather (re: rain, snow, hail, mist, etc.), for safety reasons and to prevent damage to the equipment, the public address system will not be provided or will be removed if such weather occurs during the event. If the equipment can be sheltered under the portico (top of east steps), it will be moved to that location so the program can continue.

The system has the capability of more than one microphone and plays cassettes and CDs. No equipment (i.e. band, additional mikes, etc.) can be hooked into the State Public Address System.

I acknowledge that as sponsor of this event or exhibit:

I have read, understood, and will abide by the procedures governing the use of the public areas of the Capitol.

The sponsor is responsible for damages incurred as a result of the event or exhibit.

The sponsor will either restore or pay to have restored the area used for the event or exhibit.

The sponsor will indemnify and hold harmless the State of Michigan for damage or loss to the State arising out of the sponsor using the Capitol or the Capitol grounds.

Signature of Sponsor _____ Date _____

Name (Printed or Typed) _____

Address and Phone Number
(if different from Contact Person) _____

**Capitol Public Events
Michigan State Capitol
P.O. Box 30014
Lansing, Michigan 48909-7514**

Phone: (517) 373-9617
Fax: (517) 373-8040